

WHAT'S NEW

1. **New case counts as of 16:00GMT 14 May 09**
2. **Virtual Press Briefing** : WHO's Assistant Director-General ad. Interim for Health Security and Environment, Dr Keiji Fukuda

1. **New case counts**

14 May 2009 -- As of 15:00 GMT, 14 May 2009, **34** countries have officially reported **6511** cases of influenza A(H1N1) infection. **(1 new country Belgium; 14 new cases compared to 0600 GMT 14 May)**

Mexico has reported 2446 laboratory confirmed human cases of infection, including 60 deaths. The United States has reported 3352 laboratory confirmed human cases, including three deaths. Canada has reported 389 laboratory confirmed human cases, including one death. Costa Rica has reported eight laboratory confirmed human cases, including one death.

The following countries have reported laboratory confirmed cases with no deaths - Argentina (1), Australia (1), Austria (1), **Belgium (1)** Brazil (8), China (4, comprising 2 in China, Hong Kong Special Administrative Region, and 2 in mainland China), **Colombia (10, 3 new)**, Cuba (1), Denmark (1), El Salvador (4), Finland (2), France (14), Germany (12), Guatemala (3), Ireland (1), Israel (7), Italy (9), Japan (4), Netherlands (3), New Zealand (7), Norway (2), **Panama (39, 10 new)**, Poland (1), Portugal (1), Republic of Korea (3), Spain (100), Sweden (2), Switzerland (1), Thailand (2), and the United Kingdom (71).

2. Virtual Press Briefing : WHO's Assistant Director-General ad. Interim for Health Security and Environment, Dr Keiji Fukuda

a. We remain at Phase 5

- So far there has not been sustained person-to-person community transmission of the virus outside the Americas region. Increasing number of cases are being seen but are associated with travel or contact with travellers at household or school.
- This is an event which is serious and requires close monitoring.
- Most cases continue to be mild cases, although some cases of fatality and serious illness is observed.
- In terms of worry about the situation, WHO's position is very similar to the situation at the beginning of this outbreak. We made a point that this is a new phenomenon where we need to closely monitor the situation right from the beginning. We don't

know what the pattern will be if it continues to spread, we don't know what changes will occur over time. But since we've seen changes from other pandemics and severity impact from other pandemics, we have to monitor very carefully.

- Our message is don't over worry about everything, but its important to closely monitor. Its something which requires to be followed closely.

b. Origin of A(H1N1) virus

- Over the weekend WHO was contacted by a credible virologist who indicated his hypothesis on the origins of the virus. He made the hypothesis as an independent scientists and has not been involved in the investigation of the virus. Because he is a reliable scientist, WHO took this seriously.
- We have discussed with FAO, OIE and their OFFLU laboratory network as well as the WHO Collaborating Centres. Both animal and human virologists have discussed and looked at evidence and provided information on this issue.
- Based on the evidence, the conclusion is that the hypothesis could not be substantiated and that there is no evidence to support the claims.
- Evidence strongly points to this being a naturally occurring virus. To this point we feel comfortable based on the analysis which has been done that we're not dealing with a lab created virus.
- The virus itself originated from swine. That is very clear when the genes are analysed. What is not clear is where did the actual virus originate from. This is not the most important question - right now -- but an interesting question.
- The paper is not published yet, we have to see if there is any additional information once it has been published.
- When credible hypothesis are raised, they have important implications. It of course causes our anxiety to go up fast. Maybe it means a little bit more work, but it also means we can address these issues in a way which is convincing to people and is much better than dealing with rumours with unclear basis.

c. Antivirals

Resistance

- WHO is not making changes on recommendation on antiviral use.
- A(H1N1) is sensitive to oseltamivir and zanamivir.
- We are of course concerned about the resistance possibility but we have not seen that. We will keep watching for it.

Generic production

- WHO's position is to wide access of antivirals as possible.

- Two years ago, several companies were approached to prequalify for production of antivirals. Additionally, Roche approached a number of different companies to provide sub license for production of oseltamivir. At that time, not many companies were interested.
- However, recently, Cipla in India, which has been pre qualified by WHO, did begin the manufacturing process. (The prequalification only means that Cipla's product meets the WHO standards for quality.)

d. Vaccine

- Today's vaccine meeting (14 May) was a technical meeting to discuss how to approach the vaccine issue.
- There is a need to strike a balance in deciding whether and when to go into production of A(H1N1) vaccine or to balance between production of seasonal flu and A(H1N1) vaccines.
- No big decision was made today, its part of an ongoing important technical discussion. It is not possible to say exactly when a decision will be made.
- Meanwhile, the process in preparing for development of the vaccine, which started from the first day the virus was identified, will continue.

e. Severity of the virus

- When compared to seasonal flu, there is some features about this current phenomenon which we see different. For seasonal flu, most deaths concentrated in older people. However, what we see with this new virus is most people infected are relatively young (average age 20 years old) who are dying, half of them are healthy with no predisposing conditions. Its highly unusual for young people to die from influenza. One pattern noticed from pandemics is deaths occur disproportionately in younger people.

f. IGM

- The Inter-Governmental Meeting, which begins tomorrow in Geneva, is part of a series of meeting which has occurred for last 2 years
- All WHO member states have been discussing about under what conditions should novel influenza viruses be shared and how would less resourced countries benefit from accessing resources like vaccines and antivirals.